

QUARTERLY ESTIMATE

MAKE CHECK OR MONEY ORDER TO:
CITY OF TIFFIN INCOME TAX DEPT.**MAIL
TO**

City of Tiffin Income Tax Dept.

P.O. BOX 518

TIFFIN OH 44883

AMOUNT**ENCLOSED \$**

Check No: _____

____ Quarter 2017

PAID CHECK WILL BE YOUR RECEIPT

If receipt is desired, return both copies of this statement with a self-addressed stamped envelope.

DO NOT REMIT CASH BY MAIL

Voice 419-448-5405

Fax 419-448-5406

ESTIMATED TAX
DECLAREDTOTAL UNDER PAID
ESTIMATE PENALTY

TOTAL AMOUNT CREDITED

AMOUNT OF
UNPAID BALANCEQUARTERLY
INSTALLMENT DUE

Name

And

Address

AMENDED ESTIMATED TAX

DUE ON OR BEFORE

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE.
IF THIS STATEMENT DOES NOT REFLECT PAYMENT RECENTLY MADE, PLEASE ADVISE - INCOME TAX OFFICE - PROMPTLY

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